



**CHESAPEAKE VETERINARY HOSPITAL**

102 Country Day Road, Chester, MD 21619  
410.643.3101

Name:		
Address:		
City:	State:	Zip:
Email Address:		
Home Phone:	Cell Phone:	
Employer:	Work Phone:	
Spouse/Co-Owner Name:		
Spouse/Co-Owner Cell#-	Spouse/Co-Owner Work#-	
Alternate Contact: <input type="checkbox"/>		
Alt. Contact Phone:	Other Phone:	

How did you hear about us?

Internet    Drive By    Print Ad

Referral of family/friend \_\_\_\_\_ Whom may we thank for referring you?

Pet's Name	Breed	Date of Birth	Sex

**Photo Consent:** I hereby grant Chesapeake Veterinary Hospital permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website or social media accounts, either digital or in print, in perpetuity. I also grant permission to use my name and/or my pet's name. By signing and dating this document, I authorize Chesapeake Veterinary Hospital to edit, alter, share, or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.    Yes, I consent    No, please do not use any picture of me or my pet.

**AUTHORIZATION:** I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. Accounts unpaid after 30 days are subject to a finance charge of 1.5% per month (annual percentage rate 18%); minimum charge of \$1.00. If my account is sent to collection, I will be liable for the costs for such collection, including attorney's fees and court costs.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_